

**Application Data Sheet****Application Information**

<b>Application number:</b>	
<b>Filing Date:</b>	
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CRF:</b>	
<b>Title:</b>	IMPROVED CYTOKINE DESIGN
<b>Attorney Docket Number:</b>	CARP-0124
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	20
<b>Total Drawing Sheets:</b>	21
<b>Small Entity?:</b>	No
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Vicente
<b>Middle Name:</b>	R.
<b>Family Name:</b>	Tur
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Germany
<b>Street of mailing address:</b>	Meyerhofstrasse 1
<b>City of mailing address:</b>	Heidelberg
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Germany
<b>Postal or Zip Code of mailing address:</b>	D-69117

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	The Netherlands
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Albert
<b>Middle Name:</b>	Martinus
<b>Family Name:</b>	Van der Sloot
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	The Netherlands
<b>Street of mailing address:</b>	Antonius Deusinglaan 1
<b>City of mailing address:</b>	Groningen
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	The Netherlands
<b>Postal or Zip Code of mailing address:</b>	9713 AV

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Ireland
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Margaret
<b>Middle Name:</b>	M.
<b>Family Name:</b>	Mullally
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	The Netherlands
<b>Street of mailing address:</b>	Antonius Deusinglaan 1
<b>City of mailing address:</b>	Groningen
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	The Netherlands
<b>Postal or Zip Code of mailing address:</b>	9713 AV

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	The Netherlands
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Robbert
<b>Middle Name:</b>	H.
<b>Family Name:</b>	Cool
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	The Netherlands
<b>Street of mailing address:</b>	Antonius Deusinglaan 1
<b>City of mailing address:</b>	Groningen
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	The Netherlands
<b>Postal or Zip Code of mailing address:</b>	9713 AV

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Hungary
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Eva
<b>Middle Name:</b>	E.
<b>Family Name:</b>	Szegezdi
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Ireland
<b>Street of mailing address:</b>	National University of Ireland
<b>City of mailing address:</b>	Galway
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Ireland
<b>Postal or Zip Code of mailing address:</b>	

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Ireland
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Afshin
<b>Middle Name:</b>	
<b>Family Name:</b>	Samali
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Ireland
<b>Street of mailing address:</b>	National University of Ireland
<b>City of mailing address:</b>	Galway
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Ireland
<b>Postal or Zip Code of mailing address:</b>	

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Gregorio
<b>Middle Name:</b>	
<b>Family Name:</b>	Fernandez-Ballester
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Germany
<b>Street of mailing address:</b>	Meyerhofstrasse 1
<b>City of mailing address:</b>	Heidelberg
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Germany
<b>Postal or Zip Code of mailing address:</b>	D-69117

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	Spain
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Luis
<b>Middle Name:</b>	
<b>Family Name:</b>	Serrano
<b>Name Suffix:</b>	
<b>City of Residence:</b>	
<b>State or Province of Residence:</b>	
<b>Country of Residence:</b>	Germany
<b>Street of mailing address:</b>	Meyerhofstrasse 1
<b>City of mailing address:</b>	Heidelberg
<b>State or Province of mailing address:</b>	
<b>Country of mailing address:</b>	Germany
<b>Postal or Zip Code of mailing address:</b>	D-69117

## Correspondence Information

Correspondence Customer No.:	23377
Name:	
Street of Mailing Address:	
City of Mailing Address:	
State or Province of Mailing Address:	
Country of Mailing Address:	
Postal or Zip Code of Mailing Address:	
Phone number:	
Fax number:	

## Representative Information

Representative Customer No.:	23377
------------------------------	-------

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
Great Britain	0328261.3	December 5, 2003	Yes

## Assignee Information

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	